

POOR NUTRITION & SEDENTARY LIFESTYLE: "The 21st Century Plague"

According to *Healthy People 2010*, the two leading health indicators for the nation are lifestyle-related: (1) physical activity and (2) overweight and obesity.¹ Poor nutrition and lack of appropriate physical activity are major causes of obesity and diabetes, which are considered national epidemics.² Additionally, poor nutrition and physical inactivity contribute to a host of other diseases such as heart disease and cancer, the two leading causes of death in the U.S.³ The enormous social and economic costs of these lifestyle issues have gotten the attention of our nation's leaders, who are now summoning a major "call to action" across America: "Promoting healthy lifestyles should be a national priority, beginning in our schools and carrying over into our work places, communities, and especially into our health care system."⁴

GLOBAL IMPACT

- Poor nutrition and lack of physical activity are responsible for an estimated 300,000 to 600,000 preventable deaths each year.⁵
- An estimated one third of all cancers are attributable to poor nutrition, physical inactivity, and being overweight.⁶
- Since nutrition and physical activity are associated with many chronic conditions, it is important to note that more than 90 million Americans live with chronic illnesses, which represent 70% of all deaths, 60% of medical care costs, and one third of the years of potential life lost before age 65 in the U.S.⁷

FACT SHEET: *SEDENTARY LIFESTYLE*

- Currently more than 60% of American adults are not regularly active, and 25% of the adult population is not active at all.⁸
- Approximately 50% of America's youth aged 12–21 are not regularly physically active. Moreover, physical activity declines dramatically during adolescence.⁹
- Those who are physically inactive have between 1.5 and 2.4 times the risk for developing coronary heart disease, comparable to that observed for high blood cholesterol, high blood pressure or cigarette smoking.¹⁰
- A sedentary lifestyle increases the risk of developing diabetes, hypertension, colon cancer, depression and anxiety, obesity, and weak muscles and bones.¹¹
- Less-active, less-fit persons have a 30%-50% greater risk of developing high blood pressure.¹²
- Daily enrollment in physical education classes has declined among high school students, from 42% in 1991 to 29% in 1999.¹³
- Physical inactivity is more prevalent among women than men, among blacks and Hispanics than whites, among older than younger adults, and among the less affluent than the more affluent.¹⁴

- Nationally in 2000, 78% of the population was at risk for health problems related to lack of exercise, which is regular and sustained physical activity. For the State of California, the percentage was slightly lower at 76% for the same year.¹⁵
- On average, physically active people outlive those who are inactive.¹⁶

FACT SHEET: *POOR NUTRITION (OBESITY/OVERWEIGHT)*

- Good nutrition lowers the risk for many chronic diseases, including heart disease, stroke, some types of cancer, diabetes, and osteoporosis.¹⁷
- Recent research shows that good nutrition and exercise are by far the most effective prevention against developing diabetes.¹⁸
- Only about 25% of the U.S. adult population complies with the recommended five or more servings of fruits and vegetables each day.¹⁹
- Poor eating habits often develop during childhood. Greater than 60% of youth eat too much fat, and less than 20% eat the recommended five or more servings of fruits and vegetables each day.²⁰
- Nationally, an estimated 61% of adults and 13% of children and adolescents were overweight or obese in 1999. The number of overweight children has nearly doubled since 1980.²¹
- Research shows that 106.9 million American adults (55.6 million men and 51.3 million women) are overweight (body mass index [BMI]* of 25.0 and higher). Using a BMI of 30.0 or higher, 43.6 million American adults are obese (18.4 million men and 25.2 million women).²²

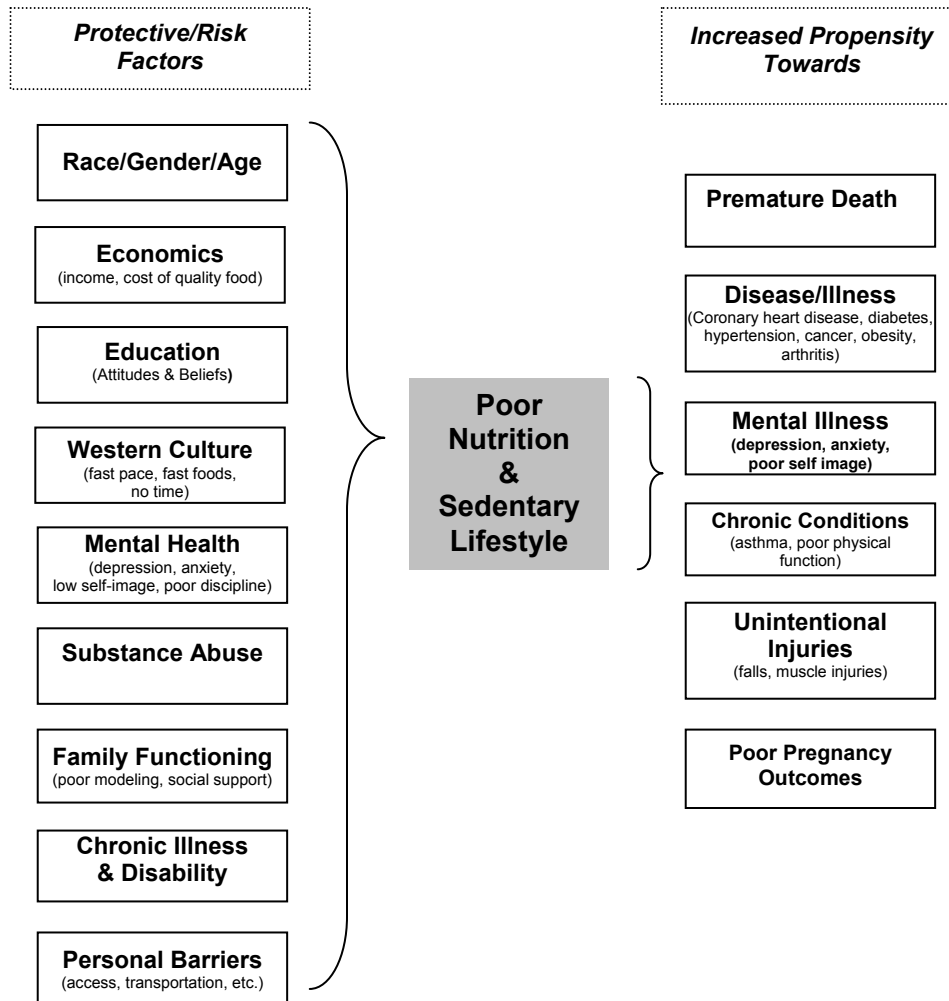
ECONOMIC IMPACT

The societal costs of poor nutrition and physical inactivity are difficult to quantify and relate to the most directly attributable consequences, such as obesity, diabetes, and coronary heart disease. In 2000, the total cost of obesity was estimated to be \$117 billion (\$61 billion direct and \$56 billion indirect). Most of these costs were associated with the diagnosis and treatment of type 2 diabetes, coronary heart disease, and hypertension.²³ Roughly 9.4% of U.S. health care expenditures are directly related to obesity and physical inactivity.²⁴

Physically active individuals had lower annual direct medical costs than did inactive people, with a cost difference of \$330 per person based on 1987 dollars.²⁵ Additionally, a first-of-its-kind study of direct medical costs related to various levels of physical activity by the Centers for Disease Control and Prevention found the following:²⁶

- If all inactive American adults became physically active, the potential savings could amount to \$29.2 billion in 1987 dollars, or \$76.6 billion in 2000 dollars.
- Americans 15 years and older who engaged in regular physical activity (minimum of 30 minutes of moderate or strenuous physical activity three or more times a week) had average annual direct medical costs of \$1,019 versus costs of \$1,349 for those who were inactive.
- Physically active people require fewer hospital stays and physician visits and use less medication than physically inactive people.
- Cost savings were applicable for men and women, for those with and without physical limitations, and even for smokers and nonsmokers.
- The largest difference in costs was among women 55 and older.

DETERMINANTS & CONSEQUENCES



GUIDELINES FOR EFFECTIVE PLANNING

Four guidelines reflect effective approaches for communities and coalitions. These objectives include:²⁷

1. Communicate at all levels to raise awareness about nutrition, exercise, and disease prevention efforts.
2. Organize community coalitions to develop strategies to engage the community in leisure time physical activity and to encourage good nutrition.
3. Encompass a multidimensional approach; focus not only on individual behavioral change, but also on group influences, institutional and community influences, and public policy.
4. Ensure that methods are in place to assess the effectiveness of interventions.

LOCAL MODEL INITIATIVES & RESOURCES

Model Initiative: *The San Diego Nutrition Network*

Locally, the San Diego Nutrition Network (SDNN) represents one promising community-wide program. The SDDN is a network of some 50 organizations in San Diego County aimed at nutrition advocacy in the community, particularly the low-income community. Its mission is to “unite, educate, and advocate for healthier food choices and increased physical activity for the people of San Diego County.” The Network addresses activities related to fostering partnerships and cooperation, education, research, and advocacy.

Local Resources:

- American Cancer Society - 619-682-7437
- American Heart Association - 619-291-7454
- California Children's 5-a-Day Power Play! Campaign - 619-229-6626
- County of San Diego Health and Human Services Agency, Office of Public Health – 619-285-6583
- San Diego Dietetic Association - 619-460-6524
- San Diego Nutrition Network - <http://www.sdnnonline.org/Vision>

State Resources

- California Nutrition Network - 858-793-5381

National Resources

Physical Activity

- Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition and Physical Activity – 888-CDC-4NRG or 888-232-4674, <http://www.cdc.gov>.
- Governor's Council on Physical Fitness & Sports - 949-718-1111 ext. 112, cagovcoun@aol.com.
- National Coalition for Promoting Physical Activity – 202-789.2240, info@ncppa.org.
- Presidents Council on Physical Fitness and Sports - 202-690-9000, <http://www.indiana.edu/~preschal>

Nutrition

- Healthy People 2010 - 800-367-4725, <http://www.health.gov/healthypeople/>
- The National Association for Health & Fitness; The Network of State & Governor's Councils - 317-955.0957, info@physicalfitness.org
- Obesity Education Initiative, National Heart, Lung, and Blood Institute Information Center - 301-592-8573, <http://www.nhlbi.nih.gov/about/oei/index/htm>
- The Weight-Control Information Network, National Institutes of Health (NIH) - 877-946-4627, <http://www.niddk.nih.gov/health/nutrit/win.htm>

¹ Centers for Disease Control and Prevention (CDC). *Physical Activity and Health – a Report of the Surgeon General*

² CDC. *Press Release: Twin Epidemics of Diabetes and Obesity Continue to Threaten the Health of Americans.* <http://www.cdc.gov/nccdphp/dnpa/press/twinepid.htm>

³ U.S. Department of Health and Human Services (USDHHS). *Physical Activity and Good Nutrition: Essential Elements to Prevent Chronic Diseases and Obesity.* Washington, DC: USDHHS, CDC, 2001.

⁴ CDC. *Press Release: Twin Epidemics of Diabetes and Obesity.*

⁵ McGinnis JM & Foege WH. "Actual Causes of Death in the United States." *JAMA* 1993 Nov 10;270(18):2207-12.

⁶ Bal, Dileep, President, American Cancer Society

⁷ Robert Wood Johnson Foundation (RWJF). *Annual Report 1994: Health, United States, 1994.* Princeton, NJ: RWJF, 1994.

⁸ CDC. *Physical Activity and Health: A Report of the Surgeon General.* <http://www.cdc.gov/nccdphp/sgr/summary.htm>

⁹ *ibid*

¹⁰ American Heart Association. *Biostatistical Factsheet on Physical Inactivity.* <http://www.americanheart.org>

¹¹ U.S. Surgeon General's Report

¹² American Heart Association

¹³ American Heart Association

¹⁴ American Heart Association

¹⁵ CDC. Prevalence Data.

¹⁶ USDHHS. *Healthy People 2000/2010 — National Health Promotion Disease Prevention Objectives*

¹⁷ CDC. *Physical Activity and Good Nutrition: Essential Elements to Prevent Chronic Diseases and Obesity.* Atlanta, GA: USDHHS, CDC, 2001.

¹⁸ San Diego Union Tribune. 'Exciting' Find Made in Study of Diabetes. August 9, 2001.

¹⁹ CDC. *Physical Activity and Good Nutrition.*

²⁰ *ibid*

²¹ USDHHS. *The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity.* Rockville, MD:

USDHHS, Public Health Service, Office of the Surgeon General, 2001. <http://www.surgeongeneral.gov/library>

* BMI is calculated as weight in pounds divided by the square of the height in inches, multiplied by 703.

²² CDC/NCHS. NHANES III, 1988-1994.

²³ USDHHS. *The Surgeon General's Call to Action.*

²⁴ CDC. *Press Release: Twin Epidemics of Diabetes and Obesity.*

²⁵ *The Physician and Sportsmedicine.* October 2001.

²⁶ CDC. *Press Release: Lower Direct Medical Costs Associated with Physical Activity.* <http://www.cdc.gov/nccdphp/dnpa/pr-cost.htm>

²⁷ USDHHS. *The Surgeon General's Call to Action.*